

CERTIFICATION OF EDUCATION

As part of the license application process, the Iowa Dental Board requires that the school at which the applicant received her/his dental or dental hygiene education complete this form. The completed form must be mailed directly from the school to the **IOWA DENTAL BOARD**. Any processing fees are the applicant's responsibility. The applicant's signature authorizes release of information, favorable or otherwise, directly to the Board.

Print Name: _____

Date of Birth or Last 4 of SSN: _____

Signature: _____

Date: _____

This portion of the form should be completed by the school.

IT IS HEREBY CERTIFIED THAT _____
(Name of Applicant)

RECEIVED DENTAL EDUCATION AT _____
(Name of School)

LOCATED AT _____
(Full Address of School)

FROM _____ **TO** _____
(Month/Year) (Month/Year)

GRANTED A DIPLOMA WITH THE DEGREE OF _____

DATE DIPLOMA RECEIVED _____
(Month/Year)

Was the school accredited by the Commission on Dental Accreditation of the American Dental Association at the time the applicant graduated? **Yes** _____ **No** _____

Did the student ever receive a warning, reprimand? **Yes** _____ **No** _____

Was the student placed on probation or disciplined? **Yes** _____ **No** _____

If yes, please provide details concerning the action taken.

President, Dean, Secretary, or Registrar:

Print Name _____

Title _____

Signature _____

Date _____

Phone # _____

Fax # _____

SCHOOL SEAL

Return Completed Form to:
IOWA DENTAL BOARD
400 S.W. 8th St, Suite D
Des Moines, IA 50309-4687
Phone (515) 281-5157